Course Application

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety / Office of Fire Fighter Training
P.O. Box 30700, Lansing, MI 48909
517-373-7981

Page	_ of	
Regional receive this prior to star	application 6	must weeks
TRACKING NUI	MBER	

Location of Course Authority: 1966 PA 291										110.010.101	TOMBER	
NAME OF FACILITY				RTC (if applicable)					COUNTY			
STREET ADDRESS				CITY								
Administrative Information												
COURSE MANAGER NAME SOCIAL SECURITY NUMBER*				JMBER*		CORRESPONDENCE AND MATERIALS WILL BE SENT TO COUR MANAGER UNLESS CHECKED FOR SHIPMENT TO ALTERNA ADDRESS - LIST ALTERNATE ADDRESS BELOW						
STREET ADDRESS (No P.O. Box #'s allowed)							NAME					
CITY	STATE ZIP CODE					STREET ADDRESS (No P.O. Box #'s allo				owed)		
BUSINESS TELEPHONE (Include Area Code)	HOM	IE TELEPHONE	(Include A	rea Code)			CITY		STA	ATE	ZIP CODE	
Certificates will be sent to the student's Fire Department; Pre-Service certificates will be sent to the Regional Training Center.												
Course and Funding - Instructions for reg	gistering							I I			T =======	
COURSE NAME		INDICATE CI			# OF STU	וטנ	ENIS	# OF MANUALS	STARTL	DATE (MM/DD/Y)	Y) END DATE (MM/DD/YY)	
FUNDING INFORMATION		I A	AM	PM				IS A VIDEO REQUES	T BEING SI	UBMITTED WI	TH THIS APPLICATION?	
UNFUNDED BY THE BCCFS/OFFT								YES NO				
				INSTRUCT	TOR FEE (\$)			INSTRUCTOR NAME				
								INSTRUCTOR SOCIAL SECURITY NUMBER*				
HME	P							TOTAL COST (\$)		The	Training Coordinator must	
			-							Fire	contacted before submitting Fighter or Fire Officer lications.	
COURSE NAME		INDICATE CI	LASS SES	SSION PM	# OF STU	JDI	ENTS	# OF MANUALS	START D	DATE (MM/DD/Y)	Y) END DATE (MM/DD/YY)	
FUNDING INFORMATION		· —— -		1 101				IS A VIDEO REQUES	T BEING S	UBMITTED WI	TH THIS APPLICATION?	
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SAF	A							INSTRUCTOR SOCIA	L SECURIT	TY NUMBER*		
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FUNDING INFORMATION			·					IS A VIDEO REQUES	T BEING S	UBMITTED WI	TH THIS APPLICATION?	
UNFUNDED BY THE BCCFS/OFFT						YES NO						
COUNTY NUMBER FUNDING SOURCE INSTRU CO ALLOC SARA HMEP HMEP			INSTRUCT	CTOR FEE (\$)			INSTRUCTOR NAME					
							INSTRUCTOR SOCIAL SECURITY NUMBER*					
	-r		-					TOTAL COST (\$)		be o	Training Coordinator <u>must</u> contacted before submitting Fighter or Fire Officer lications.	
Approvals												
COURSE MANAGER SIGNATURE										DATE		
COUNTY TRAINING COMMITTEE SIGNATURE (Re	quired for I	Funded Course	s only)		TELEPHO	NC	E NUMBI	ER (Include Area Code)		DATE		

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Instructions for Course Application

Electronic Completion - This form may be completed electronically and printed. In order to save your completed form, you must have the full version of Adobe Acrobat.

General Information

- Illegible or incomplete Course Applications will be returned.
- All applications and related paperwork MUST BE RECEIVED BY THE OFFICE OF FIRE FIGHTER TRAINING (OFFT) REGION SUPERVISOR (OR BE POSTMARKED) 6 WEEKS PRIOR TO THE START DATE OF THE FIRST SCHEDULED COURSE OR EXAMINATION.
- Use the Course Change/Cancellation form (BCCFS-111) to make changes to course information after the Course Application (BCCFS-110) is submitted.

Location of Course - Must be completed.

Administrative Information

- Course manager must be an approved instructor or the region training center representative registered with the OFFTC. The course manager is responsible for overseeing the courses and forwarding OFFT correspondence and course materials to the instructor(s).
- Enter the social security number of the course manager.
- Do not complete the course manager's address. The course manager's address registered with the OFFT will be entered automatically.
- · Correspondence and materials for all courses that are registered together will be sent to one address only.
- OFFT will complete and forward certificates upon course completion and receipt of final paperwork.

Courses and Funding

- When registering MULTIPLE COURSES, the following requirements apply:
 - All courses must start and end in the same fiscal year (October 1 September 30).
 - An additional BCCFS-110 may be used to register more than three courses by completing "Section 3" and filling in the page numbers.
- When a course is conducted in AM and PM sessions, each session must be registered as a separate course.
- Funded courses require a minimum of 15 students from two or more departments.
- Contact your Training Coordinator or Region Supervisor to verify student manuals currently being supplied.
- Indicate if course is unfunded or if funded, identify funding sources(s).
- If course is funded, enter the county number for each funding source.
- Enter instructor fee for funded courses. Do not exceed the maximum OFFT instructor fee set for a course.
- Check "Yes" to indicate if videos are being scheduled for this course or "No" if no videos are scheduled.
- Enter the social security number of the instructor.

Approvals

- The course manager must sign and date the completed form.
- Funded courses must be approved by the designated County Training Committee representative.

Required Paperwork That Must Submitted With This Application

- FFI or II courses require the Fire Fighter I & II Schedule (BCCFS-103).
- The Video Schedule application (BCCFS-104) must be used to schedule OFFT videos.
- The HazMat Awareness course is required with FFI and the HazMat Operations course is required with FFII.

Mail or fax the completed form to your Region Supervisor

Gary Crum Region 1 & 2 Supervisor Office of Fire Fighter Training 2922 Fuller Ave. NE, Ste. 114 Grand Rapids, MI 49505

Telephone: 616-447-2689 Fax: 616-447-2668 email: gdcrum@michigan.gov Deward Beeler Region 3 Supervisor Office of Fire Fighter Training 411 East Genesee, 4th floor Saginaw, MI 48607

Telephone: 989-758-1912 Fax: 989-758-1616 email: dbbeele@michigan.gov